

Access to Health Care and the Role of LHJs

**For more information
about the role of LHJs
in assuring access to
health services:**

PHIP on-line

www.doh.wa.gov/phip

Tom Locke

Clallam and Jefferson Counties
Departments of Health and
Human Services

Greg Vigdor

Washington Health Foundation

Mary Looker

Washington State
Department of Health

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Why should Washington's local public health jurisdictions care about access?

Washington State's public health system is one of the major entities in our state working to assure residents access to critical health services no matter what their economic circumstances or where they live. Access to critical health services is an important component of the work of creating healthy communities. Assuring the provision of health care is one of the essential services of Public Health. And helping people get the services they need is one of the Standards for Public Health in Washington State.

Access to what, exactly?

The Washington State Board of Health has answered this question by developing a Menu of Critical Health Services—the essential personal and population-based health services that have been shown to be effective in improving community health status and should be available throughout the state. Critical health services are not limited to clinical care and include many important prevention and population-based measures. (See the SBOH website for the list of services: www.sboh.wa.gov)

Does this mean that LHJs should provide critical health services themselves?

Not always. Until the 1990s, most of the LHJs assured access to health care for their communities by serving as “providers of last resort.” During the past two decades, local public health agencies have reduced their role as direct providers of personal health care to focus on core public health responsibilities. Many LHJs continue to provide services with a strong population-based component such as immunization, WIC, family planning, STD diagnosis/treatment, and TB control efforts, often in partnership with local health care providers. And they perform other roles to assure that people in their communities access the health services they need.

What roles do LHJs perform to assure access to care?

Today LHJs work as sponsors, conveners, facilitators, partners, analysts, and funders for community health initiatives. They provide an important local advocacy “voice” for research-tested policies that improve the health and well-being of their populations, and through monitoring and surveillance, they help to identify gaps in critical services. This effort is more important than ever, as access to affordable medical, dental, and mental health care in Washington continues to deteriorate.

Menu of Critical Health Services

General access

Includes ongoing primary care, emergency services and care, and home services and long-term care.

Health risk behaviors

Includes tobacco use, dietary and sexual behavior, physical activity, and injury and violence protection.

Communicable and infectious diseases

Includes immunizations, sexually transmitted disease, HIV/AIDS, and TB and other communicable diseases.

Pregnancy and maternal, infant, and child health

Includes family planning, prenatal care, WIC, and well child services and care.

Behavioral health and mental health services

Includes substance abuse prevention and treatment, depression, suicide/crisis intervention, and other mental illness.

Cancer services

Includes cancer-specific screening and treatment.

Chronic conditions and disease management

Includes diabetes, asthma, hypertension, cardiovascular disease, respiratory diseases, arthritis, and renal disease.

Oral health

Includes dental care services and water fluoridation.

Are the LHJs primarily responsible for performing these roles?

No single organization can hope to solve the complex, overlapping problems that have eroded access to care. The only viable solutions lie in broad-based community partnerships, committed to a shared vision of a healthier community. All LHJs, from the largest to the smallest, should be charter members of these community health partnerships. Throughout Washington, local public health agencies have worked through community health partnerships to address specific access problems through multi-disciplinary approaches such as these:

- The **Clark County Health Department** has spearheaded a local Infant Immunization Task Force—including schools and physicians and other health care providers—to drive up immunization rates to levels consistent with national targets.
- The **Cowlitz** and **Wahkiakum** county health departments drew community partners together to support teams that provide urgent medical care and dental services for low-income, uninsured adults.
- The **Thurston County Public Health and Social Services Department** participates in a local health task force that has helped to open a community health center, improve local access to dental services for small children, and help enroll eligible low-income residents in Medicaid and the Basic Health Plan.
- The **Whatcom County Health Department** is a major partner in the local health alliance that provides outreach and case management for underserved residents, including those with chronic illnesses.

Is the role of LHJs in improving access to care likely to increase?

There is a growing realization that the spiraling costs of personal health care services are not sustainable. Current efforts to improve the quality, safety, and effectiveness of health services restore a population-based perspective that emphasizes reducing the burden of disease and injury. This approach requires a renewed investment in public health systems at all levels—local, state, and national. LHJs will play a crucial role in the redesign of health care systems to achieve universal access to the critical health services that are necessary to improve community health.